

**FREE GRANT for Childcare for Children Ages 0-3 yrs.**



**Destiny Starr Academy  
Quality Rated FREE Childcare Grant**

## **Finally a Grant that offers FREE Childcare!**

Applications are available at Destiny Starr Academy 2525 GA Hwy 20 NE  
Conyers, GA 30012. Some restrictions apply. Call For Details!

**770-602-9911**

2525 GA Hwy 20 NE  
Conyers, GA 30012

E-mail: [destiny1starr@yahoo.com](mailto:destiny1starr@yahoo.com)

[www.destinystarracademy.com](http://www.destinystarracademy.com)



## Quality Rated Subsidy Grant Eligibility Packet Checklist

The following checklist is designed to ensure that all required documentation is provided. This checklist must be included in each child's enrollment file.

### **Do You Have Everything?**

- Quality Rated Subsidy Grant Application
  - Application Status is marked.
  - Application is completed in its entirety.
  - Parent has answered if the other parent lives in the household.
  - Parent has answered whether they have received CAPS services.
  - All children under 18 years in family unit are listed.
  - All income information is answered.
  - All Rights and Responsibilities are checked.
  - Original signatures and dates are present.
- Verification of Identity
- Verification of Social Security Number (if the number was provided on the Application)
- Verification of Georgia Residency
- Verification of Child's Age and Citizenship
- Verification of State-Approved Activity (as applicable)
  - Check stubs for most recent 4 weeks showing # of hours worked
  - Statement from employer
  - Enrollment notice from school/vocational training registrar
- Verification of Income (as applicable)
  - Verification of Earned Income
  - Verification of Unearned Income
  - Income Eligibility Worksheet (Initial/Renewal)
- Quality Rated Subsidy Grant Enrollment Notification Form
- Quality Rated Subsidy Grant Orientation Completion Notice

Child's Name: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Program Name: \_\_\_\_\_ License Number: \_\_\_\_\_

QRSG Program Admin.: \_\_\_\_\_

**Georgia Department of Early Care and Learning  
QUALITY RATED SUBSIDY GRANT APPLICATION**

<b>Application Status</b> <input type="checkbox"/> Initial <input type="checkbox"/> 1 <sup>st</sup> Renewal <input type="checkbox"/> 2 <sup>nd</sup> Renewal <input type="checkbox"/> 3 <sup>rd</sup> Renewal <input type="checkbox"/> 4 <sup>th</sup> Renewal <input type="checkbox"/> 5 <sup>th</sup> Renewal											
<b>PARENTAL AUTHORITY 1</b>											
<b>(Please Print) PLEASE FILL IN THE FOLLOWING INFORMATION</b>											
Your Name:    First Name    Middle Initial    Last Name				Telephone Numbers Home:    Work: Cell:							
Social Security No.		Date of Birth		Email Address:							
Residential Address: Street		Apt.	City		State	Zip Code	County				
<b>STATE APPROVED ACTIVITY INFORMATION</b>											
<input type="checkbox"/> Employment <input type="checkbox"/> Vocational Training <input type="checkbox"/> Middle School <input type="checkbox"/> High School <input type="checkbox"/> GED Program											
<b>CURRENT EMPLOYMENT INFORMATION</b>											
First Name, Middle Initial, Last Name			Employer's Name and Address			Telephone No. of Employer	Total No. Hours per Week				
<b>VOCATIONAL TRAINING/SCHOOL INFORMATION</b>											
Name and address of Program/School you are enrolled in:					<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Total No. Classroom Hours				
Name and address of Program/School you are enrolled in:					<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Total No. Classroom Hours				
Does the other parent of the child(ren) needing care live at the address above? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, list information for parent below:											
<b>PARENTAL AUTHORITY 2</b>											
Your Name:    First Name    Middle Initial    Last Name				Telephone Numbers Home:    Work: Cell:							
Social Security No.		Date of Birth		Email Address:							
<b>STATE APPROVED ACTIVITY INFORMATION</b>											
<input type="checkbox"/> Employment <input type="checkbox"/> Vocational Training <input type="checkbox"/> Middle School <input type="checkbox"/> High School <input type="checkbox"/> GED Program											
<b>CURRENT EMPLOYMENT INFORMATION</b>											
First Name, Middle Initial, Last Name			Employer's Name and Address			Telephone No. of Employer	Total No. Hours per Week				
<b>VOCATIONAL TRAINING/SCHOOL INFORMATION</b>											
Name and address of Program/School you are enrolled in:					<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Total No. Classroom Hours				
Name and address of Program/School you are enrolled in:					<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Total No. Classroom Hours				
<b>CHILD INFORMATION</b>											
<b>(List applicant's children under 18 years old residing at the address above.)</b>											
CHILD NAME		SEX	DATE OF BIRTH	Social Security No.		CHILD NAME		SEX	DATE OF BIRTH	Social Security No.	
Have you ever received subsidized child care for any of the children above from Childcare and Parent Services (CAPS) before? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what county were you living in?											

**INCOME INFORMATION**

**(Include spouse or other parent's information if present in household. If yes, select person who receives income and enter the monthly gross amount.)**

SOURCE OF INCOME	NO	YES	APPLICANT	MONTHLY GROSS INCOME	SPOUSE/OTHER PARENT	MONTHLY GROSS INCOME
WAGES/SALARY/SELF EMPLOYMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
UNEMPLOYMENT COMPENSATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
SOCIAL SECURITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
WORKER'S COMPENSATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
ALIMONY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
CHILD SUPPORT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
REGULAR LOTTERY PAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
CAPITAL GAINS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
RENTAL INCOME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
RENTAL INCOME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
DISABILITY PAYMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
INTEREST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
RETIREMENT/PENSION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
TRUST FUND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$

**Parental Authority Rights**

- You have the right to apply for assistance, withdraw the application, request termination of assistance, or reapply for Quality Rated Subsidy Grant (QRSG) at any time.
- You are authorized to receive child care services if funds are available and you remain eligible and have complied with all QRSG program requirements.
- You have the right to make decisions about the choice of child care provider that suits the needs of your family, as long as the provider is an approved Quality Rated Subsidy Grant participating program.
- Temporary Assistance for Needy Families (TANF) recipients have the right to be informed of the availability of exemptions from mandatory participation in employment services activities if appropriate child care is not available, affordable or cannot be accessed.
- Parental authorities who state that they or their children have been victims of domestic violence or who state that they are at risk of further domestic violence must be informed of the available community services that assist victims of domestic violence and how to voluntarily and confidentially access such services.
- You have the right to have access your child during all times the child is in child care.
- Information that you provide is placed in a database used by the QRSG program and will remain confidential in accordance with any applicable state or federal regulations.
- You have the right to see your case file unless this is prohibited by state or federal laws or regulations.
- You have the right to file an appeal when the Agency imposes an adverse action that is appealable, such as a denial and/or termination of QRSG services and you do not agree with the action taken by the agency.
  - Changes where adverse actions are a direct result of implementation of federal and state regulations/policies and the change affects entire populations are not appealable.
- You have the right to request a grievance mediation and/or the right to an administrative hearing.
- Parental authorities who speak Spanish have the right to request and receive forms and notices in Spanish and request QRSG to provide an interpreter when contacting the QRSG program. Other non-English speaking individuals or persons with limited English proficiency shall have the right to request an interpreter provided by the agency.
- Parental authorities with vision or hearing impairments have the right to request auxiliary aids or other accommodations.
- You have the right to be treated fairly without regard to race, color, religion, sex or sexual orientation, marital status, national origin, ancestry, age, political beliefs, or disability. Note: if you feel your rights have been violated, please contact the QRSG program at [QRSG.Support@dec.al.gov](mailto:QRSG.Support@dec.al.gov).
- You have the right to appeal to the U.S. Department of Health and Human Services Office for Civil Rights (HHS OCR) if you feel DECAL has violated your civil rights.
- You have the right to request suspension or termination of services.

**Parental Authority Responsibilities**

- You are responsible for providing true and accurate information to the program.
- You are responsible for supplying all requested forms, information, and verification needed to determine eligibility and amount of benefits. If all information cannot be submitted this may result in the inability to determine eligibility and the application being denied.
- You must permit the child care program and DECAL to verify all information/statements on the application and during the interview.
- You must cooperate in taking any actions necessary to establish eligibility. You must cooperate with any QRSG, Audits and Compliance, and Office of Inspector General (OIG) fraud investigation by completing any required forms, responding to scheduled interview appointments, and by making requested records or information available. If you do not cooperate, you may be determined to be ineligible for QRSG.
- You are responsible for reporting any changes in your circumstances to the QRSG program within ten (10) calendar days of becoming aware of the change.
  - The following list of changes may be reported to the Grant Administrator:
    - Increases or decreases in income
    - Loss of Activity (e.g., employment, education, or training)
    - Any change in the child care arrangements (including changes in providers or the location where care is given, a change in the relationship of the provider to the child, cost, or the need for child care)
    - State of residence
    - Child's citizenship status
    - Updated contact information (address, phone number and/or e-mail address) to allow on-going communication
    - Note: Changes should be reported within ten (10) calendar days via phone, fax, e-mail, mail or in person.
- You are responsible for reporting within ten (10) calendar days if child(ren) is(are) no longer enrolled in child care or moves out of the home.
- You are responsible for repaying any overpayments assessed against you by the QRSG program after all appeal processes have been exhausted. Any violations of responsibility for non-payment may result in additional adverse actions or sanctions. Refer to the QRSG Sanctions and Disqualifications Policy (QRSG/00-16).

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Program Administrator Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Georgia Department of Early Care and Learning

2 Martin Luther King Jr. Drive, SE, Suite 754, East Tower, Atlanta, GA 30334  
(404) 656-5957

Nathan Deal  
Governor

Amy M. Jacobs  
Commissioner

### Quality Rated Subsidy Grant Enrollment Notification Form

Date: \_\_\_\_\_

Dear \_\_\_\_\_ :  
(Parent's Name)

It has been determined that your child: \_\_\_\_\_ (DOB: \_\_\_\_\_) is:  
(Child's Name) (Month) (Date) (Year)

- Eligible and enrolled in a Quality Rated Subsidy Grant slot
- Not eligible for a Quality Rated Subsidy Grant slot

Eligibility Period: \_\_\_\_\_ to \_\_\_\_\_  
(Begin Date) (End Date)

You will not have a weekly child care fee for this child during the above eligibility period.

Parents are responsible for reporting any changes in their family/household situation. The changes must be reported to your QRSB Program Administrator within ten (10) calendar days of the change. Examples of changes include: income, work hours, home address, and household members.

*If, for any reason you think proper consideration has not been given to your situation, you have the right to send your request for reconsideration to DECAL. Reconsideration must be requested by email to [QRSB.Support@decalf.ga.gov](mailto:QRSB.Support@decalf.ga.gov) within twelve (12) calendar days from receipt of this notification.*

\_\_\_\_\_  
(Child Care Program)

\_\_\_\_\_  
(Quality Rated Subsidy Grant Administrator Signature)

\_\_\_\_\_  
(Parent(s) Name)

\_\_\_\_\_  
(Parent Signature)

[www.decalf.ga.gov](http://www.decalf.ga.gov)



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*Commissioner*

**Quality Rated Subsidy Grant  
Orientation Completion Notice**

Date: \_\_\_\_\_

By signing this notice, I acknowledge that I have read, understand, and will comply with the policies and procedures as set forth in the Quality Rated Subsidy Grant (QRSG) orientation presentation. I have also completed and provided all forms and documents necessary to determine my eligibility to participate in the Quality Rated Subsidy Grant.

I understand that if I have questions regarding the Quality Rated Subsidy Grant, I will contact, \_\_\_\_\_, QRSG Program Administrator.

Yes, I received the Parent Guide for the Quality Rated Subsidy Grant.

No, I did not receive the Parent Guide for the Quality Rated Subsidy Grant.

\_\_\_\_\_  
(Parent's Name)

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
(Child Care Program)

\_\_\_\_\_  
(QRSG Program Administrator Signature)



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## Parent Guide for the Quality Rated Subsidy Grants

Congratulations on receiving a Quality Rated Subsidy Grant child care slot for your child(ren) offered by the Georgia Department of Early Care and Learning (DECAL)! You may have many questions related to your child's participation in the Quality Rated Subsidy Grant. At DECAL, we want to ensure that if you have questions or concerns that cannot be answered by your child care program, you can reach out to us.

You can reach the Quality Rated Subsidy Grant unit by emailing: [QRSG.Support@decals.ga.gov](mailto:QRSG.Support@decals.ga.gov)

Here are a few reasons why you may contact Bright from the Start regarding your participation in the Quality Rated Subsidy Grant:

- You feel that your rights have been violated;
- You feel that you have not been treated fairly;
- You wish to file an appeal or request a reconsideration because you do not agree with an eligibility decision that has been made;
- You have concerns related to the child care program you are attending.

## Parental Rights & Responsibilities

It is important that as a recipient of the Quality Rated Subsidy Grant that you understand all of your rights and responsibilities.

### Parental Authority Rights

- Information the parental authority shares with a participating child care program or DECAL, will remain confidential in accordance with any applicable state or federal regulations/confidentiality policies.
- The parental authority has the right to apply for assistance, withdraw the application, request termination of assistance, or reapply for participation in the Quality Rated Subsidy Grant as long

as funds and slots are available, and the parental authority remains eligible and has complied with program requirements.

- The parental authority has the right to make decisions about the choice of the child care provider that suits the needs of his/her family, as long as the provider is approved by DECAL as a QRSG participating program.
- The parental authority has the right to have access to his/her child during all times the child is in care.
- The Parental Authority has the right to see his/her case file unless this is prohibited by Federal or State laws or regulations.
- The parental authority has the right to be treated fairly without regard to race, color, religion, sex or sexual orientation, marital status, national origin, ancestry, age, political beliefs, or disability.
- The Parental Authority has the right to receive notification within 12 calendar days of any action which will affect child's eligibility and participation in the Quality Rated Subsidy Grant including but not limited to provider's loss of grant funding, loss of Quality Rated Star rating and/or loss of license.
- The Parental Authority has the right to file an appeal in situations of adverse action taken by the childcare program and the decision is not agreed upon.
- Changes where adverse actions are a direct result or implementation of federal and state regulations/policies and the change affects entire populations are not appealable.
- The parental authority has the right to be treated fairly without regard to race, color, religion, sex or sexual orientation, marital status, national origin, ancestry, age, political beliefs, or disability.
- The parental authority has the right to appeal to the U.S. Department of Health and Human Services Office for Civil Rights (HHS OCR) if they feel the child care program or DECAL has violated their civil rights.
- The parental authority has the right to request suspension or termination of services.
- The Parental Authority must request a reconsideration or an administrative hearing, as appropriate, in writing within twelve (12) calendar days from receiving the notice of any action taken by child care program or DECAL.
  - Failure to request reconsideration or a hearing, as appropriate, within twelve (12) calendar days from receipt shall automatically affirm the decision.

### Parental Authority Responsibilities

- The Parental Authority is responsible for providing true and accurate information to their child care program and DECAL.
- The parental authority is responsible for supplying all requested forms, information, and verification needed to determine eligibility for program and amount of benefits.
- The parental authority must permit child care program and DECAL to verify all information/statements on the application and during the interview.
- The parental authority must cooperate in taking any actions necessary to establish eligibility. The parental authority must cooperate with any DECAL and Office of Inspector General (OIG) fraud investigation by completing any required forms, responding to scheduled interview appointments, and by making requested records or information available. Parental authorities who do not cooperate may be determined to be ineligible until they cooperate.



- The parental authority is responsible for reporting any changes in his or her circumstances to their Quality Rated Subsidy Grant Program Administrator within 12 calendar days of becoming aware of the change.
  - The following is a list of the changes that must be reported to a child care program:
    - Increases or decreases in income
    - Loss of Activity (e.g., employment, education, or training)
    - Any change in the child care arrangements (including changes in providers or the location where care is given, a change in the relationship of the provider to the child, cost, or the need for child care)
    - State of residence
    - Child's citizenship status
    - Updated contact information (address, phone number and/or e-mail address) to allow on-going communication

**Note:** Changes should be reported within ten (10) calendar days via phone, fax, e-mail, mail, or in person. Some changes may affect QRSB eligibility status.

- The parental authority is responsible for reporting within twelve (12) calendar days if child (ren) is (are) no longer enrolled in child care or moves out of the home.
- The Parental Authority is responsible for paying child care fees to the provider, if applicable, for additional children in household needing care who are not participating in the Quality Rated Subsidy Grant.
- The parental authority is responsible for repaying any overpayments assessed against him/her by DECAL after all appeal processes have been exhausted. Any violations of responsibility for non-payment may result in additional adverse actions or sanctions.

Grant program services may be terminated if the parental authority does not comply with program policies. Any violations of responsibility may result in suspension, reduction, or termination of grant services.